

Olmstead Advisory Committee (OAC) Meeting Minutes

April 27, 2007, 10:00 am–4:00 pm

California Department of Rehabilitation

Members/Staff Present:

Kimberly Belshé

Ann Boynton

Lynn Daucher

Eileen Kostanecki

Brenda Premo

Linda Anderson

Tony Anderson

Richard Chambers

Bill Chrisner

Peggy Collins

Deborah Doctor

Nancy Hall

Barbara Hanna

Kathy Kelly

Eileen Kunz

Bryon MacDonald

Carl Maier

Jackie McGrath

Lydia Missaelides

Marty Omoto

Teddie-Joy Remhild

Donald Roberts

Liz Rottger

Tony Sauer

Tim Schwab

Kate Wilber

Kathie Zatkin (via phone)

1. Welcome and Introductory Remarks

Brenda welcomed the committee and reviewed the agenda.

2. Secretary's Update

Secretary Belshé provided an overview of the May Revision, noting that the budget picture looks worse than when the original budget was introduced and that there will be difficult decisions that will need to be made on various programs. The Secretary also gave a short overview of the Governor's Health Care Reform proposal. Furthermore, she announced that Linda Watts was resigning from the Committee.

3. Policy Development

Draft Workplan: Brenda presented the draft workplan, noting that the format follows the three key areas of activity discussed at the December meeting – policy development, implementation and oversight, and education and outreach. The workplan was intended to help frame and guide future efforts of the Committee. Brenda asked for comments.

Comments from various Committee members included:

- This is not a roadmap to implement Olmstead. There needs to be outcomes and timelines.
- There should be a section about benefits, planning, and information to make informed choices.
- It should include capacity building.
- Washington State has promising tools and practices – perhaps they can come to California and discuss their program.
- There is a lack of rehabilitation in Skilled Nursing Facilities.
- The proposal to do a cost effectiveness brief is reinventing the wheel.
- The workplan framework is fine but there should be a nexus between goals and OAC priorities.
- The three key areas are fine, but what is lost is how it all is integrated, and giving direction to the Secretary.
- Education and outreach should include leadership from the Administration to speak out on Olmstead, Home and Community-Based Services (HCBS), and more information to consumers through the media and websites. Issue briefs are not enough.

ACTION: Committee members were asked to reread the workplan and submit any further comments in the next two weeks to Eileen Kostanecki. Eileen will redraft the workplan using today's and future suggestions from members.

Health Care Reform and Potential for LTC Rebalancing: Stan Rosenstein of the Department of Health Services presented on the potential for Long Term Care rebalancing in Health Care Reform, such as with an 1115 waiver. He said he is open to setting up meetings or calls with stakeholders. The Secretary said that Health Care Reform represents an opening of a policy window for rebalancing, to advance goals and principles.

Comments from various Committee members included:

- Targeted Case Management nails the description of rebalancing – it provides seamless services.
- There should be no wrong door instead of a single point of entry. A multitude of agencies could do this.
- Capacity is not adequate, waivers are capped, and there is no automatic rate increases except for nursing facilities.
- Could we look at HCBS as part of the Medicaid Plan (DRA 1915i option) instead of a waiver (although people with less chronic conditions may block those with more chronic conditions)?

- How is the State reforming data collection—what data should we collect that we don't?
- We need to be broad in thinking—the Committee has generally focused on nursing facility populations.

ACTION: A meeting will be scheduled with Stan Rosenstein and his staff regarding rebalancing and the potential to use Waivers and HCBS as part of the State Plan. Some members asked for an overview of Waivers/Waiver 101 primer for the meeting.

HCBS Cost Effectiveness: Building Community Capacity and Nursing Facility Acute Hospital Waiver Reform: Bob Sands of the Health and Human Services Agency provided an overview of implementation challenges related to SB 643, which added 500 waiver slots in the NF A/B Waiver. The key challenging issue of SB 643 is the cost neutrality clause contained in the legislation. Of the 500 new Waiver slots, 250 are reserved for people transitioning from a facility into the community, and the other 250 are reserved for people in the community (on wait lists) to enter the Waiver, but the Department of Health Services can only implement this measure if it can demonstrate fiscal neutrality within the overall department budget. In order to achieve budget neutrality, a resident of Laguna Honda or another distinct part nursing facility would need to be discharged into the community into one of the 250 slots to offset the increase in cost that would be incurred by someone from the Waiver wait list who was placed in one of the 250 “community” slots.

Committee members asked about the number of people on the wait list, the timeframe used, costs excluded in the calculations (family and other caregiver information), the status of the wellbeing of people on the wait list, and data about deaths of people on the wait list. Members wanted more information and discussion, and felt that perhaps the Department could include other data to make SB 643 achieve its purpose.

Paul Miller of the Department of Health Services provided information about Waivers, wait lists, and slots in California. He noted that the Department has done significant outreach on SB 643, including 150 presentations at facilities in the state. He also discussed the increase in Waiver cap dollar allotments beginning July 1, 2007. Paul also said the Department is soon releasing easy-to-read and understand Waiver information such as who the Waiver serves and services offered. Rene Mollow of the Department of Health Services noted that the stakeholder comments from November about the NF A/B Waiver are being reviewed by the Department.

Comments from various Committee members included:

- Waivers assume a nursing facility level of care. Iowa's HCBS do not – some people need services who are not facility eligible.
- People would rather die than go into a nursing home.
- People are not in Waivers due to a lack of information, and others are not in Waivers because they don't want to be put on a wait list for 9-12 months.
- What can we (California) afford to do?
- An 1115 Waiver may give a great opportunity to do global and consolidated budgets.

ACTION: A meeting will be convened on SB 643 and an executive summary of SB 643 will be provided as part of the meeting handouts.

4. Implementation and Oversight

Brenda discussed establishing formal OAC liaisons for issues of particular interest to the committee. Liaisons will be involved in the issue area and report at OAC meetings. Members were asked to contact Eileen to express interest in being a liaison. The Committee then heard updates on the following liaison areas: California Community Choices, California Community Transitions (Money Follows the Person), Adult Day Health Care, Mental Health Services Act, Closure of Agnews Developmental Center, Housing, and the Mobility Action Plan.

ACTION: Eileen will send a detailed email to Committee members about the liaison roles and will ask for volunteers.

5. Olmstead Education and Outreach Initiative

This discussion was deferred.

6. Presentations

Kate O'Malley and Bonnie Darwin gave a presentation on the California Health Care Foundation Long Term Care Reform study. Handouts were provided.

Vicki Farrell gave a presentation about caregiver issues and the Association of California Caregiver Resource Centers. Handouts were provided.

7. Legislation Discussion

Brenda noted that this discussion informs and advises the Secretary, and the legislation list tracks all bills related to Olmstead, including those that advance its objectives (consistent with the Olmstead filter), or limit its objectives (inconsistent with the Olmstead filter). Marty Omoto asked the Secretary for her thoughts on what would be helpful to her. First, the Secretary wanted the Committee to know that departments within the Health and Human Services Agency have modified their bill analyses to include the Olmstead policy filter. Second, she said she would rather not review the entire legislation list—she expects Committee members to engage departments and the Agency in bills important to them. Third, she said it would be helpful if Committee members would identify bills critical to advancing or deterring Olmstead goals. Members have traditionally flagged bills and budget items at meetings, which has been helpful as decisions are made by the Administration. Several Committee members highlighted bills for the Secretary, including support for AB 1113 (250% Working Disabled Program), AB 364 (hospital to home transitions), AB 380 (MSSP rate increases), AB 317 (technical assistance for ADRCs), SB 321 (Alzheimer's strategic plan), AB 238 (reading assistance services under IHSS), AB 1434 (home health agency rate setting system), AB 1031 (accessible and affordable housing), AB 1410 (TBI services under a waiver), and SB 868 (DOJ background checks). Some members noted opposition to AB 411 ("overconcentration" of residential care facilities in neighborhoods) and AB 182 (standardized curriculums).

ACTION: There was a suggestion that bills be categorized according to Olmstead Advisory Committee recommendations. Eileen Kostanecki will attempt to do this categorization.

8. Next Meeting Agenda

There was no feedback on this item.

9. Public Comment

Anne Cohen announced that the California HealthCare Foundation has approved the application of George Mason University to field-test and refine a quality assessment survey for consumers with disabilities among four California health plans and among a group of fee-for-service beneficiaries receiving HCBS. Anne will serve as project manager for this grant.

The meeting was adjourned at 4:00 pm.